

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: RECONFIGURABLE INTEGRATED CIRCUIT  
WITH INTEGRATED DEBUGGING FACILITIES  
AND SCALABLE PROGRAMMABLE  
INTERCONNECT  
Attorney Docket Number:: 003921.00190  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure::  
Total Drawing Sheets:: 11  
Small Entity?:: NO  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::

Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Jean  
Middle Name::  
Family Name:: BARBIER  
Name Suffix::  
City of Residence:: Chatillon  
State or Province of Residence::  
Country of Residence:: France  
Street of mailing address:: 43 rue Gay-lussac,  
City of mailing address:: Chatillon,  
State or Province of mailing address::  
Country of mailing address:: France  
Postal or Zip Code of mailing address:: 92320

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Olivier  
Middle Name::  
Family Name:: LePape  
Name Suffix::  
City of Residence:: Paris  
State or Province of Residence::  
Country of Residence:: France

Street of mailing address:: 2 rue Antoine Roucher  
City of mailing address:: Paris  
State or Province of mailing address::  
Country of mailing address:: France  
Postal or Zip Code of mailing address:: 75016

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Frederic  
Middle Name::  
Family Name:: REBLEWSKI  
Name Suffix::  
City of Residence:: Les Molieres  
State or Province of Residence::  
Country of Residence:: France  
Street of mailing address:: 10 rue de Roussigny  
City of mailing address:: Les Molieres  
State or Province of mailing address::  
Country of mailing address:: France  
Postal or Zip Code of mailing address:: 91470

## **Correspondence Information**

Correspondence Customer Number:: 22907

## **Representative Information**

Representative Customer Number:: 22907

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/086,813	02/28/02
	Continuation of	09/525,210	03/14/00
	Continuation of	08/985,372	12/04/97
	Continuation of	08/542,838	10/13/95

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::